



City of Burien

15811 Ambaum Blvd. SW Suite C, Burien, WA 98166 (206) 988-3714

BUSINESS LICENSE APPLICATION - BUSINESSES LOCATED OUTSIDE BURIEN

The Business License is valid from August 1st through July 31st: \$75 Annual Fee

Pro-rated fee for licenses from February 1st - July 31st is \$37.50

ALL BUSINESS LICENSE APPLICATION FEES ARE NON-REFUNDABLE

Business Information

Legal Business Name: _____ Unified Business ID (UBI) _____

Doing business as (if different than legal name) _____

Business Address (do not use building name) _____ City _____ State _____ Zip Code _____

Business Mailing Address (if different than business address) _____ City _____ State _____ Zip Code _____

() _____ () _____
Business Telephone Number Business Fax Number Email Address

Business Owner's Name: _____ Owner's Phone # _____

Business Owner's Address _____ City _____ State _____ Zip Code _____

Please indicate your type of business. ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

Nature of business _____

Number of employees: Full-time _____ Part-time _____

Professional License Number _____ (contractor, cosmetology, masseuse, etc.)

Health Department Permit Number _____ Attach a copy of the permit to this application

Are you claiming Non-Profit or Gov't Status? ☐ Yes ☐ No If yes, attach proof of non-profit status

() _____
Emergency Contact Phone Number Emergency Contact Name

PLEASE NOTE: Submittal of this application does not indicate approval of your business license. You will be notified when your application has been approved. OPERATING A BUSINESS WITHOUT A CITY BUSINESS LICENSE IS A VIOLATION OF CITY LAW.

I hereby attest that I have not been convicted of a crime which relates directly to the business for which this registration is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Washington Consumer Protection Act or similar state or federal statutes, or had any other judgment or cease and desist order or consent degree relating to business activities. I further attest the information provided on this application is true and accurate. I understand my place of business must comply with all City of Burien codes and ordinances and the business license application fee is non-refundable.

SIGNATURE OF APPLICANT

DATE

City of Burien Use Only

Special License Fee _____	Check Number _____
Business License Fee _____	Date Paid _____
Total Amount Paid _____	License Number _____
	Comments _____